



Undergraduate Reinstatement Application

Office Use Only

Approved _____

Referred _____

Denied _____

Are you a degree seeking student? YES NO

Reinstatement Term: Fall: ☐ Spring: ☐ Summer: ☐ Winter: ☐ Year: _____

PLEASE PRINT CLEARLY

Name: _____ ID: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Email: _____ Soc. Sec. #: _____

Tel: (H) _____ (W) _____ Gender: M ☐ F ☐ Birth Date: _____

ETHNIC GROUP (REQUESTED FOR FEDERAL REPORTING)

Black (non Hispanic) ___ American Indian ___ Asian (Pacific Islander) ___ Hispanic ___ White ___ (non Hispanic) Foreign ___

Previous Coppin State University (CSU) Record:

Date Last Attended: _____

Name in which you last attended: _____

Undergraduate Career: Program: _____ 1st Plan/Major: _____

Do you wish to pursue a different major? Yes ☐ No ☐ If yes, indicate Major: _____

Have you attended any other college or university since leaving Coppin? Yes NO

****Transfer credits will not be evaluated for non-degree seekers. List all colleges you've attended and submit official transcripts from each institution. If additional space is needed, use a separate sheet.**

Name of College/University	Address	Dates Attended	Reason for Leaving

Did you receive Financial Aid while attending CSU? Y N If so, contact the Financial Aid Office to verify your financial status. If you're traditionally a non degree seeking student who now wants to pursue a degree, please visit the Admissions Office.

International Students ONLY: Residential Alien # _____ or Visa Type _____ Visa # _____

I solemnly affirm that the information given in this application is true and correct to the best of my knowledge. I understand that withholding information requested in this application or providing false information will make me ineligible for reinstatement to or dismissal from Coppin State University. I also certify that I have supplied complete academic history data, including all previously attended colleges. I understand that transfer credit(s) will only be considered for the course work reported above.

Student Signature: _____ Date: _____

Student Name: _____ Student ID#: _____
 Today's Date: _____ Overall CSU GPA: _____

If your grade point average was a 2.0 or higher, or you are NOT seeking a degree, please skip sections A & B and go to page 3. If your grade point average was less than a 2.0, please complete sections A and B. You are required to submit a personal statement

(Section B) explaining your poor performance which includes a written comprehensive plan for attaining good academic standing within a year. Use a separate sheet to type your response. Please attach any documentation of extenuating circumstances that you feel contributed to the problems cited.

A. ACADEMIC ASSESSMENT (Required for reinstatement to a degree program.)

Please identify each of the behaviors below that you demonstrated while previously enrolled at CSU so we can identify the proper resources to assist you in achieving academic success.

Please rate the following X=Checkmark	ALWAYS	USUALLY	SOMETIMES	SELDOM	NEVER
1. Did you attend classes?					
2. Did you have your assigned textbooks?					
2. Did you read the assigned materials before/after lectures?					
3. Did you take notes in class and review your notes after class?					
4. Did you refer to the course syllabi?					
5. Did you participate in class discussions?					
6. Did you have access to a computer or other electronic device?					
7. Did you submit your assignments on Blackboard?					
8. Did you access your academic advising report in Eagle Links to monitor your academic progress?					
9. Did you meet with FYE or your department academic advisor to discuss your academic progress?					
10. Did you make contact with faculty member(s) during their office hours or before or after class?					
11. Did you participate in study groups for your class?					
12. Did you use the Writing and Math Labs?					

B. PERSONAL STATEMENT

Your personal statement is important in considering your application for reinstatement to the University. Please respond to each of the following questions in a separate typed document. Tutors in FYE can assist students in preparing letters to the Academic Review Committee and/or Financial Aid Office Student Academic Progress Committee. Handwritten personal statements and unsigned documents will not be accepted.

1. What was the cause of your academic difficulties? What obligations did you have during the previous semester that impacted your grades? Be specific and provide details and documentation in your explanation. Your statement should include, but not be limited to, the following information: attendance/ class participation, amount of study time, commitment, motivation, involvement with advisor and instructors, or other life commitments.
2. Describe how the situation that created your deficiency has changed, and what you have learned to prevent the recurrence of a deficient grade point average for the next semester?
3. If reinstated, what is your plan of action to return to good academic standing? What additional resources do you need to successfully complete the CSU requirements in your proposed major?

Students are reminded that repeating failed courses is the fastest way to raise their CSU GPA.

Instructions for Maryland State Tuition Determination

To be considered for in-state tuition status, a student must comply with the following requirements for a period of at **least twelve (12) consecutive months** immediately prior to and including the last date available to register for courses. The Reinstatement Application, Residency Form and documented proof are **due to the Office of Records and Registration prior to enrollment for the semester. Non-Maryland Tuition is billed at a higher rate than Maryland Tuition.**

Independent Students Must Submit

- Valid Maryland Driver's License or Maryland State ID.
 - Valid Maryland Vehicle Registration
 - Maryland Voter's Registration from the year preceding the date you applied to Coppin State.

 - Completed, typed and signed Maryland State 502/503 Tax Form or State of Maryland Electronic Proof of Filing Form for the 12 months prior to the date you are re-applying to Coppin State.
- Or**
- Social Security Benefits Annual Summary Report from the year(s) preceding the date you applied to Coppin State.
- Or**
- Maryland State Public Assistance reports from the year(s) preceding the date you applied to Coppin State.
- Or**
- Maryland Judicial documentation providing Maryland residency.

Dependent Applicants Must Submit

- Parent/Guardian Valid Maryland Driver's License or Maryland State ID.
 - Parent/Guardian Valid Maryland Vehicle Registration
 - Parent/Guardian Maryland Voter's Registration from the year preceding the date you applied to Coppin State.
 - Completed, typed and signed Maryland State 502/503 Tax Form or State of Maryland Electronic Proof of Filing Form for the 12 months prior to the date the student is re-applying to Coppin State.
- Or**
- Parent/Guardian, with student's name listed, Social Security Benefits Annual Summary Report from the year(s) preceding the date you applied to Coppin State.
- Or**
- Parent/Guardian Maryland State Public Assistance, with student's name listed, reports from the year(s) preceding the date you applied to Coppin State.
- Or**

Parent/Guardian Maryland Judicial documentation, with student's name listed, providing Maryland residency.

Applicant Name: _____ ID#: _____ Date: _____

RESIDENCY CLASSIFICATION INFORMATION

Are you a legal resident of Maryland?

☐ Yes. If yes, print County of residence or Baltimore City below.

☐ No. If no, print your State of residence below and skip to Section IV.

All applicants for admission who are claiming **Maryland residency for tuition purposes must complete the Residency Information section if you wish to be considered for Maryland in-state tuition.** You must answer every question. The University reserves the right to request additional information if necessary and to adjust charges should circumstances warrant. In the event the University discovers that a student has supplied false or misleading information, the University may bill retroactively to recover the difference between in-state and out-of-state tuition for all semesters involved. In the event that students are misclassified, the University reserves the right to bill at the out-of-state rate for the current and subsequent semesters.

RESIDENCY INFORMATION

(Maryland Residents must complete the section below.)

Do you wish to be considered for in-state tuition status? ☐ Yes ☐ No (If yes, you must complete this section of the application.)

APPLICANTS SEEKING IN-STATE STATUS AS A MARYLAND RESIDENT MUST COMPLETE THIS ENTIRE FORM, INCLUDING ALL THE FOLLOWING QUESTIONS, AND SIGN THE AFFIRMATION AT THE END OF THIS FORM. Failure to complete all of the required items may result in an out-of-state resident classification and out-of-state tuition rates being applied. Residency classification information is evaluated in accordance with the University System of Maryland Policy on Student Classification for Admission and Tuition Purposes. The applicant may be contacted for clarification of an item, or for additional information as necessary.

PLEASE CHECK ONE:

☐ **I am financially independent.** I provide 50% or more of my own living and educational expenses and I have not been claimed as a dependent on another person's most recent income tax return.

☐ **I am financially dependent** on another person who has claimed me as a dependent on their most recent income tax returns.

Name of person upon whom dependent and relationship to applicant: _____

a. How long have you been dependent upon this person? _____

b. Is the person a resident of Maryland? ☐ Yes ☐ No

c. Address of this person: _____

d. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable income? ☐ Yes ☐ No

If a Maryland tax return has not been filed within the last 12 months, state reason(s): _____

e. Signature of this person: _____

☐ **I am not financially independent (I do not provide 50% or more of my own living and educational expenses),** but I have not been claimed as a dependent on another person's most recent income tax returns, and I am not a ward of the State of Maryland.

Name of person who provides applicant with financial support for more than 50% of applicant's living and educational expenses, and relationship to applicant: _____

a. How long has this person been providing such financial support? _____

b. Is the person a resident of Maryland? ☐ Yes ☐ No

c. Address of this person: _____

d. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable income? ☐ Yes ☐ No

If a Maryland tax return has not been filed within the last 12 months, state reason(s): _____

If a Maryland tax return has been filed within the last 12 months, state reason(s) you are not claimed as a dependent: _____

e. Signature of this person: _____

☐ **I am a ward of the State of Maryland.** If a ward of the State, please submit your court decree or documentation from your social worker.

PLEASE COMPLETE THE FOLLOWING: The Student Applicant is responsible for completing items 1 - 9.

1. Permanent address: _____ Length of time at permanent address ____ years ____ months If less than 12 months, provide previous address: _____		
2. For the last 12 consecutive months, have you had the continuous intent to reside in Maryland indefinitely and for a primary purpose other than that of attending an educational institution in Maryland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are all, or substantially all of your possessions in Maryland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. Do you possess a valid driver's license? a. If yes, in what state? _____ b. If Maryland, original date of issue _____ and if renewed, date of issue for current license: _____ c. Have you possessed a driver's license in a state other than Maryland within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you own/lease any motor vehicles? a. If yes, in what state(s)? _____ b. If Maryland, original initial date(s) of registration _____ and if applicable, the most recent date of renewal _____ c. Did you register your vehicle(s) in a state other than Maryland within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are you registered to vote? If yes, in what state? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Have you filed a Maryland state income tax return for the most recent year? If a Maryland tax return has not been filed within the last 12 months, state reason(s): _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Is Maryland state income tax currently being withheld from your pay? If no, provide explanation _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Do you receive any public assistance from a state or local agency other than one in Maryland? If yes, indicate type and issuing state: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

IF ANY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, PROVIDE REQUESTED INFORMATION AND/OR DOCUMENTS:

- ☐ **I am a part-time (50%) or full-time regular employee of the University System of Maryland or, I am the spouse of, or am financially dependent upon a parent or legal guardian who is, a regular employee of the University System of Maryland.**
Please indicate relationship: _____
Please attach a letter of verification from the Human Resources Office of the campus at which you or your spouse or parent or legal guardian is employed.
- ☐ **I am a full-time active member of the U.S. Armed Forces whose home of residency is Maryland or one who resides or is stationed in Maryland, or the spouse or a financially dependent child of such a person.** Please attach a copy of your deed or lease (if applicable), or verification from the service that you have declared Maryland as your "home of residency" (if applicable); and the most recent assignment orders. Also, please indicate date of expected separation from the military _____.
- ☐ **I am a veteran of the United States Armed Forces residing in Maryland.** Please submit a copy of your DD214 and a copy of your deed or lease. If you have a discharge category other than honorable, please also submit a copy of your Certificate of Eligibility.
- ☐ **I am the spouse or child of a veteran or active duty member of the United States Armed Forces using educational benefits under the Post-9/11 GI Bill (38 U.S.C. §3319) or under 38 U.S.C. § 3311(b)(9) and living in Maryland.** Please submit a copy of (1) the veteran's DD214 or the active duty member's Current Orders, (2) a copy of your Certificate of Eligibility, and (3) a copy of your deed or lease.
- ☐ **I am eligible for in-state status considerations under the Maryland National Guard Nonresident Tuition Exemption.** I am eligible because I (1) joined or subsequently served to provide a critical military occupational skill or (2) am a member of the Air Force critical specialty code. I understand that I must provide documentation from my company commander for consideration.

PLEASE SIGN THE FOLLOWING AFFIRMATION:

I certify that the information provided is complete and correct. I understand that the University reserves the right to request additional information if necessary. In the event the University discovers that false or misleading information has been provided, the Student Applicant may be billed by the University retroactively to recover the difference between in-state and out-of-state tuition for the current and subsequent semesters.

Signature of Applicant

Date

RESIDENCY DECISION (Office Use Only):

INITIALS: DATE:

☐ RM

☐ NM